DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services DDE-2590 (3-04)

STATE OF WISCONSINBureau of Quality Assurance

POST ON-SITE REVIEW QUESTIONNAIRE NURSE AIDE TRAINING PROGRAMS

Completion of this form is voluntary. A copy of this questionnaire is available at www.dhfs.wisconsin.gov/forms/DDESnum.htm.

Tra	ining Program Name							On-site Review Date	
Training Program Address Date Questionnaire Comple									
On	-site Review Reason								
	☐ Certification ☐ Complaint Investigation								
SECTION A. ON-SITE REVIEW PROCESS Use the following scale and check the number that applies.									
5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree NA = Not Applicable									
		5	4	3	2	1	NA	Comment if 1 or 2 is checked.	
1.	On-site review process was clearly								
	explained.								
2.	On-site review did not interfere with the								
	delivery of patient care in the clinical								
3.	setting. On-site review assisted in your								
٥.	understanding of rules / regulations.		П				П		
4.	Pre-mailed Nurse Aide Training On-site]							
	Review Guide was easy to understand						Ш		
5.	and helpful during on-site review. On-site review was completed in a								
0.	reasonable amount of time.								
6.	On-site review time frames and plan of								
	correction process were explained.		Ш						
7.	Training program comments on the on-								
	site review were positive.								
8.	Primary Instructor / student reaction to the on-site review was positive.								
	on-site review was positive.								
9.	Communication with BQA Nurse								
	Consultant was ongoing during on-site								
-10	review. Training Program had opportunity to								
10.	discuss preliminary on-site review findings	_	_	_	_	_			
	with the BQA Nurse Consultant /						Ш		
	Supervisor.								
11.	Received knowledgeable response from								
	BQA Nurse Consultant / Supervisor if training program requested clarification								
	during on-site review.								

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		5	4	3	2	1	NA	Comment if 1 or 2 is checked.		
12.	The on-site review was conducted in a professional manner.									
13.	BQA Nurse Consultant / Supervisor interacted respectfully with training program staff and students.									
SE	SECTION B. POST-ON-SITE REVIEW STATEMENT OF DEFICIENCY									
1.	Deficiencies clearly explained the basis for findings of noncompliance.									
2.	Deficiencies identified who, what, when, where and how, if applicable.									
3.	Deficiencies included specific actions, errors or lack of actions to explain findings of noncompliance.									
4.	Deficiencies were documented by accurate information.									
5.	Deficiencies clearly and concisely explained noncompliance with rules / regulations.									
6.	Documentation in deficiencies helped training program develop a plan of correction.									
7.	Changes in policies and / or procedures were made as a result of on-site review findings.									
SECTION C. ON-SITE REVIEW TASKS EVALUATION Were the following on-site review tasks carried out in accordance with the On-site Review Guide? Check Yes, No or NA for each task.										
	ON-SITE REVIEW TASK	Ye	25	N	lo	N	IA	COMMENT		
A.	Entrance conference							JOHNELITI		
B.	Sample selection									
C.	Technical Assistance]							
D.	Observation									
E.	Assessment of applicable regulations]							
F.	Environmental quality									
G.	Clinical record reviews									

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ON-SITE REVIEW TASK	Yes	No	NA	COMMENT				
H. Staff interviews								
I. Student interviews								
J. Exit conference								
Additional comments or information about the on-site review process								
Recommend one change that would improve the on-site review experience								